## Case 12-70034-JAD Doc 86 Filed 11/30/16 Entered 11/30/16 12:25:00 Desc Main Document Page 1 of 4

Fill	in this information to identify	your case:								
Del	otor 1 Randy	Scott Downey								
1	otor 2				_					
Uni	ted States Bankruptcy Court	for the: WESTERN DISTRIC	T OF PENNSYLVANIA		_					
Cas	se number 12-70034-J	AD				Check	if this is:			
(If kr	nown)	_			■ An	amende	d filing			
									ng postpetition of ollowing date:	chapter
<u>O</u>	fficial Form 106I					MM	1 / DD/ Y	YYY		
S	chedule I: Your	Income								12/1
sup spo atta	plying correct information. I use. If you are separated an	s possible. If two married peous of the second of the seco	ng jointly, and your spith you, do not include	oouse i e infori	is liv matio	ing with y on about y	ou, inclu our spo	ude informuse. If m	mation about y ore space is n	your leeded,
1.	Fill in your employment									
	information.		Debtor 1			I	Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.		☐ Employed	mployed			■ Employed			
		• •	Not employed			I	☐ Not ei	mployed		
		Occupation								
	Include part-time, seasonal, self-employed work.	, or Employer's name								
	Occupation may include stu or homemaker, if it applies.	ent Employer's address								
		How long employed t	there?				_			
Pai	Give Details Abou	ut Monthly Income								
	mate monthly income as of use unless you are separated	the date you file this form. If	you have nothing to rep	ort for	any	line, write	60 in the	space. In	clude your non	-filing
	u or your non-filing spouse ha e space, attach a separate sh	ave more than one employer, coneet to this form.	ombine the information	for all e	emplo	oyers for th	at perso	n on the li	ines below. If y	ou need
						For Debt	or 1		btor 2 or ing spouse	
2.		s, salary, and commissions (b nthly, calculate what the month		2.	\$	-	0.00	\$	0.00	
3.	Estimate and list monthly	overtime pay.		3.	+\$		0.00	+\$	0.00	

0.00

0.00

Calculate gross Income. Add line 2 + line 3.

Debt	tor 1	Randy Scott Downey		Ca	ase number (if known)	12-7	0034-J	AD	
	Cor	by line 4 here	4.	F	For Debtor 1		Debtor -filing s		
5.		all payroll deductions:		Ψ	0.00	Ψ		0.00	
J.	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00 0.00	
6	5h.	Other deductions. Specify:	_ 5h. 6.	.+ \$ .\$		+		0.00	
6. 7.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  culate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ф \$	0.00	Φ_ \$		0.00	
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$		0.00 0.00 0.00 0.00 0.00 0.00 0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$		0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	0.00 + \$_		0.00	= \$	0.00
	Inclu othe Do i Spe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:  the amount in the last column of line 10 to the amount in line 11. The rest	depe	ıble t	to pay expenses list	ed in S	11.		0.00
12.		e that amount on the Summary of Schedules and Statistical Summary of Certain					12.	\$	0.00
13.	Do y	you expect an increase or decrease within the year after you file this form?  No.	<b>,</b>					Combined monthly in	

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Sill	in this inform	ation to identify yo	our case:					
Deb		Randy Scott				Che	eck if this is:  An amended filing	
	tor 2 ouse, if filing)					ā	A supplement sho	wing postpetition chapter f the following date:
United States Bankruptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA							MM / DD / YYYY	
	e number <u>1</u>	2-70034-JAD						
		orm 106J • <b>J: Your</b>	Evner	1606				12/1:
Be info	as complete ormation. If r	and accurate as	s possible. eded, atta	If two married people ar ch another sheet to this				or supplying correct
Par	t 1: Desc	ribe Your House	hold					
••	■ No. Go t □ Yes. <b>Do</b>	o line 2. es Debtor 2 live i	•	ate household? al Form 106J-2, <i>Expenses</i>	o for Coporato House	shald of Do	btor 2	
•			_	ai Form 1065-2, Expenses	ior Separate House	riola oi De	DIOI 2.	
2.	•	ve dependents? Debtor 1 and	■ No □ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses of	penses include of people other t od your depende	han 🗖	No Yes				☐ Yes
Est	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance i cluded it on <i>Schedule I: Y</i>			Your exp	penses
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgage	e 4.	\$	600.00
	If not inclu	ded in line 4:						
		estate taxes				4a.		0.00
	•	erty, homeowner's e maintenance, re				4b. 4c.		0.00 25.00
		eowner's associat				4d.	\$	0.00
5.	Additional	mortgage paymo	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

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Deb	otor 1 Randy Scott Downey	Case num	ber (if known)	12-70034-JAD
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	169.00
	6b. Water, sewer, garbage collection	6b.	\$	60.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	190.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	300.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	125.00
10.	Personal care products and services	10.	\$	10.00
11.	Medical and dental expenses	11.	\$	125.00
12.	Transportation. Include gas, maintenance, bus or train fare.	40		100.00
	Do not include car payments.	12.		
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	15.00
	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include incurance deducted from your new or included in lines 4 or 20			
	Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15a. 15b.	·	0.00
	15c. Vehicle insurance	15c.	· ·	0.00
	15d. Other insurance. Specify:	15d.		0.00
16	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
10.	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as		Φ.	0.00
	deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	· .	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
-00	Specify:	19.	-	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Scho			0.00
	20a. Mortgages on other property 20b. Real estate taxes	20a. 20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20b. 20c.	· ·	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	•	0.00
	20e. Homeowner's association or condominium dues			0.00
01		20e.		0.00
	Other: Specify: Pet Care, Supplies, and Vet Bills	21.	+\$	75.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	1,794.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	1,794.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	0.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	1,794.00
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your <i>monthly net income</i> .	23c.	\$	-1,794.00
			-	

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor is in the process of moving out of his residence and expects to pay \$600.00 per month rent.